

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024667

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District

1003

Registrar's No.

6072

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

FILED JUL 2 1962

1. PLACE OF DEATH
a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Lutheran Hosp

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

Missouri St. Louis

c. CITY OR TOWN

Spanish Lake

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1535 Twillman

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
John Clifford Goss

4. DATE OF DEATH
Month Day Year
June 17, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
Oct 15, 17

9. AGE (last birthday)
44

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Pilot Plant Supervisor

10b. KIND OF BUSINESS OR INDUSTRY

Monsanto Chemical Co

11. BIRTHPLACE (City and state or country)

St. Louis Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

John A. Goss

13b. MOTHER'S MAIDEN NAME

Caroline Heitmeyer

14. NAME OF HUSBAND OR WIFE

Shirley U Surber

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Shirley Goss 1535 Twillman Ave

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Generalized Chancymatosis
Adenocarcinoma Rt Lung.
163x

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b).
DUE TO (c).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 4/30/56 to 6/17/62 and last saw her alive on 6/17/62
Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

4075 So. Grand

22c. DATE SIGNED

6/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

23b. DATE
6/20/62

23c. NAME OF CEMETERY OR CREMATORY
Mount Hope

23d. LOCATION (City, town, or county)
St. Louis Cty Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

E.J. Schnur 3125 Lafayette

25. DATE RECD. BY LOCAL REG.

25. REGISTRAR'S SIGNATURE

JUN 19 1962

Carl Smith. M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Jose B. Vollmer

Licensed Embalmer No. 4014

P. O. Address

3125 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.